

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15719

Registrar's No. 54

FILED MAY 10 1943

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Mary # 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 14 yrs 8 mo - 14 da
years, months or days

3. (a) PRINT
FULL NAME

Opal Elizabeth Fischer

3. (b) If veteran,
name war

3. (c) Social Security
No. none

4. Sex 1 = 5. Color or race W 6. (a) Single, widowed, married,
1 = divorced 12 years
6. (b) Name of husband or wife H. R. Fischer 6. (c) Age of husband or wife if
alive ? years
7. Birth date of deceased Oct 1 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 6 7 hr. min.

9. Birthplace Miami MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name M. B. Williams
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Pemberton
15. Birthplace Slater
(City, town, or county) (State or foreign country)

16. (a) Informant As per record
(b) Address Nevada Mo.
17. (a) Removal (b) Date thereof Apr. 7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation K. C. Miami
18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada Mo.
19. (a) 4-7-43 (b) Hayl B. Burick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St Mary # 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1943 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from Oct 15-1928
19... to April 7 1943;
that I last saw him alive on April 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Aggravated angina Duration 23 da

Due to Heart infection 27 da

Due to

Other conditions Psychosis with
(Include pregnancy within 6 months of death)
acute meningitis encephalitis
Major findings:
Of operations

Of autopsy 30 f

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature F. B. Martin (M. D. or other) M.D.
Address St Mary # 3 Date signed 4-7-43

RECEIVED
District Health Officer No. 7,
District File Number 4-43-177
Date Filed 5-7-43.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. H. Hammaduke

Licensed Embalmer No. 2070

P. O. Address Merida, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.